

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

True Blue Florida

ADDRESS (number and street) ▼

PO Box 141358

☐ Check if different than previously reported. (ACC)

Orlando

FL

32814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00617696

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

08

30

2016

in the State of

FL

(d) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2016

through

08

10

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James T. Kitchens

Signature of Treasurer

James T. Kitchens

[Electronically Filed]

Date

08

18

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

True Blue Florida

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y 08 / 10 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	25000.00	
(c) Total Receipts (from Line 19)	56850.00	81850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	81850.00	81850.00
7. Total Disbursements (from Line 31)	71686.32	71686.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10163.68	10163.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3450.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

True Blue Florida

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
08		10		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

56850.00

81850.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

56850.00

81850.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

56850.00

81850.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

56850.00

81850.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

56850.00

81850.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5061.96	5061.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5061.96	5061.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	66624.36	66624.36
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71686.32	71686.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71686.32	71686.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	56850.00	81850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56850.00	81850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	5061.96	5061.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	5061.96	5061.96

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

True Blue Florida

Full Name (Last, First, Middle Initial)

A. Rosalie Danbury

Mailing Address P.O. Box 941

City State Zip Code
 Kilauea HI 96754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 26 / 2016

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Forseti Real Estate

Mailing Address 424 E. Central Blvd
 S376

City State Zip Code
 Orlando FL 32801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 25 / 2016

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James T. Kitchens

Mailing Address 999 Juel Street

City State Zip Code
 Orlando FL 32814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Political Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 26 / 2016

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

True Blue Florida

Full Name (Last, First, Middle Initial)

A. Mateer & Harbert, P.A.

Mailing Address P.O. Box 2854

City State Zip Code
Orlando FL 32802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Maher

Mailing Address P.O. Box 2146

City State Zip Code
Winter Park FL 32790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2016

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period

3700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RealAuction.com, LLC

Mailing Address 861 SW 78th Avenue
S102

City State Zip Code
Plantation FL 33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2016

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

True Blue Florida

Full Name (Last, First, Middle Initial)

A. The Heath Law Firm

Mailing Address 1101 Douglas Avenue

City State Zip Code
 Altamonte SPings FL 32714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

08 / 08 / 2016

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Touche Media Group, LLC

Mailing Address 5979 Buena Vista Court

City State Zip Code
 Boca Raton FL 33433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19250.00

Date of Receipt

08 / 04 / 2016

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

19250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Wolf

Mailing Address 149 Harston Court

City State Zip Code
 Heathrow FL 32746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

07 / 22 / 2016

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

24250.00

56850.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

True Blue Florida

Full Name (Last, First, Middle Initial)

A. Blue Wave Political PartnersMailing Address 1100 Market Street
S400

City Chattanooga State TN Zip Code 37402

Purpose of Disbursement
Accounting/Compliance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SB21B.4143

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

5000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

True Blue Florida

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Metropolitan Research Services

Nature of Debt (Purpose):

Research

Mailing Address 14353 Southwest 50th Street

City State

Zip Code

Miami

FL

33175

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4154

Amount Incurred This Period

3450.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3450.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

3450.00

2) TOTALS This Period (last page this line number only)..... ►

3450.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

3450.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) True Blue Florida		FEC IDENTIFICATION NUMBER ▼ C C00617696	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Adkins & Associates, Inc.		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2016	
Mailing Address 121 Alhambra Plaza Suite 1209				Amount 20913.56	
City Coral Gables	State FL	Zip Code 33134		Transaction ID : SE.4114	
Purpose of Expenditure Direct Mail		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2016	
Name of Federal Candidate Darren Soto		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		20913.56		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Adkins & Associates, Inc.		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2016	
Mailing Address 121 Alhambra Plaza Suite 1209				Amount 20917.52	
City Coral Gables	State FL	Zip Code 33134		Transaction ID : SE.4122	
Purpose of Expenditure Direct Mail		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Darren Soto		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		41831.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41831.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James T. Kitchens

[Electronically Filed]

Signature

Date

MM / DD / YYYY
08 / 18 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) True Blue Florida		FEC IDENTIFICATION NUMBER ▼ C C00617696	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Adkins & Associates, Inc.		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2016	
Mailing Address 121 Alhambra Plaza Suite 1209				Amount 1214.71	
City Coral Gables	State FL	Zip Code 33134		Transaction ID : SE.4126	
Purpose of Expenditure Telephone Calls		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016	
Name of Federal Candidate Darren Soto		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		43045.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Adkins & Associates, Inc.		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2016	
Mailing Address 121 Alhambra Plaza Suite 1209				Amount 12900.54	
City Coral Gables	State FL	Zip Code 33134		Transaction ID : SE.4129	
Purpose of Expenditure Direct Mail		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016	
Name of Federal Candidate Darren Soto		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		55946.33		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14115.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James T. Kitchens

[Electronically Filed]

Signature

Date

MM / DD / YYYY
08 / 18 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 13
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) True Blue Florida			FEC IDENTIFICATION NUMBER ▼ C C00617696		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Adkins & Associates, Inc.			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination MM / DD / YYYYYY 08 / 09 / 2016		
Mailing Address 121 Alhambra Plaza Suite 1209			Amount 10678.03		
City Coral Gables		State FL	Zip Code 33134		Transaction ID : SE.4132 Date of Disbursement or Obligation MM / DD / YYYYYY 08 / 08 / 2016
Purpose of Expenditure Direct Mail		Category/ Type 004			
Name of Federal Candidate Darren Soto			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		MM / DD / YYYYYY	
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 10678.03					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ 					
(c) TOTAL Independent Expenditures..... ▶ 66624.36					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>James T. Kitchens</i>			Date MM / DD / YYYYYY 08 / 18 / 2016		
			[Electronically Filed]		